

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46743

STATE FILE NUMBER

Registration District No.

317

Primary Registration District No.

547

Registrar's No.

3320

1. PLACE OF DEATH

a. COUNTY

St Louis MO

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)

a. STATE

MISSOURI

b. COUNTY

St Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN
RICHMOND HEIGHTS

Inside Limits
Yes ☒ No ☐

c. CITY
OR TOWN

Cape Saint Louis MO
Inside Limits
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION
St Marys Hosp

Length of stay in lb
7 Days

d. STREET
ADDRESS

1434 Camden

Residence Permit
Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First
Julian

Middle

Last

Vogt

4. DATE
OF DEATH

Month

Day

Year

Dec 24 1957

5. SEX

Male

6. COLOR OR RACE

W

7. MARRIED ☒ NEVER MARRIED ☐
WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH

9/14/1899

9. AGE (In years
last birthday)

58

IF UNDER 1 YEAR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY?

U S A

13a. FATHER'S NAME

Charles Vogt

13b. MOTHER'S MAIDEN NAME

ella Kreter

14. NAME OF HUSBAND OR WIFE

Bendish

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Paul Vogt Richmond MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchogenic Carcinoma

INTERVAL BETWEEN ONSET AND DEATH

5 months (?)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

162X

PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

9/16/57

to 12/24/57

and last saw him alive on 12/23/57

Death occurred at

2:00 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Bernard H. Pedan, M.D.

22b. ADDRESS

35 No. Central, Clayton, Mo.

22c. DATE SIGNED

12/30/57

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(State)

Removal

12-24-57

Local

Geary, Perryville, Mo.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Harbert B. Domb

Rey Funeral Home

Mo 12-31

57

Harbert B. Domb

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Henry Kable

Licensed Embalmer No. 4596

P. O. Address Frederick Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.